



Clinical Congress News

American College of Surgeons • 88th Clinical Congress • October 6-11, 2002 • San Francisco

The American College of Surgeons is dedicated to improving the care of the surgical patient and to safeguarding standards of care in an optimal and ethical practice environment.

Richard R. Sabo installed as 83rd ACS President tonight

Richard R. Sabo, MD, FACS, a private practice general surgeon from Bozeman, MT, will be installed as the 83rd President of the American College of Surgeons tonight during the Convocation ceremonies that conclude the College's annual Clinical Congress. The Convocation will begin at 6:00 pm in Moscone Center, Esplanade Ballroom, Rooms 305-310.

Dr. Sabo is currently a staff surgeon at Bozeman Deaconess Hospital, and he has been an adjunct professor in the department of medical science at Montana State University. Dr. Sabo has been in private practice for 31 years, and his professional interests have focused on the problems associated with surgical practice in rural areas and the use of computers in clinical practice and in continuing medical education.

A native of Bozeman, Dr. Sabo attended the University of Notre Dame, and received a medical degree in 1964 from

Cornell University Medical College, New York, NY, where he was named a member of the Alpha Omega Alpha national honor medical society (1963).

He completed a surgical internship at the University Hospitals of Cleveland (1964-1965), and continued at University Hospitals as a resident in general surgery (1965-1966; 1968-1971). Between those two periods, Dr. Sabo served as a general surgeon in the U.S. Air Force at Altus (OK) AFB (1966-1968).

Dr. Sabo became an ACS Fellow in 1974 and has been an active participant and leader in numerous College activities. For the last year, he was the College's First Vice-President-Elect. Dr. Sabo served on the Board of Regents (1991-2000) and acted as its Vice-Chair (1999-2000). He was a member of the College's Communications Committee from 1991 to 1995 and served as its Chair (1999-2000). Dr. Sabo also served as Chair of the Regents' Committee on Medical Records Confidentiality (1999-

2000), and he was a member of the Central Judiciary Committee (1997-1999) and its Chair (1998-1999). He was a charter member of the Regents' Committee on Informatics (1995-2000) and served as the committee's Regental liaison for several years. Dr. Sabo served a term on the College's Board of Governors (1985-1991) and was a member of the Governors' Committee on Surgical Practice in Hospitals (1987-1991) and the Governors' Committee on Bloodborne Infection and Environmental Risk (1989-1991). He also served as President (1981-1982) and Secretary (1979-1981) of the Montana Chapter of the American College of Surgeons.

Dr. Sabo has been awarded membership and has held leadership positions in numerous surgical societies and organizations. He joined the Montana Medical Association in 1971 and the Society for Clinical Vascular Surgery in 1975. He was a board member of the Montana

(continued on page 2)



Dr. Sabo

Ethics and Philosophy Lecture

Surgeons should recognize, disclose, and/or manage conflicts of interest

Conflicts of interest are the subtle situations that arise in surgeons' practices and sway sound judgment, according to Roger S. Foster, Jr., MD, FACS, who presented the Ethics and Philosophy Lecture yesterday morning. Conflicts of interest can create perverse influences that make one's judgment less appropriate. Factors that may affect surgeons' ability to make wise decisions range "from financial, to emotional, to pride, to desire for status, to one's multiple other roles, such as administrator, researcher, or provider of a procedural service," said Dr. Foster, a retired general surgeon, former Regent, and a Past-Chair of the College's Committee on Ethics.

These conflicts of interest tarnish a surgeon's professional reputation. Because they can have such negative effects on individuals and the profession, Dr. Foster provided lecture attendees with insights into ways to recognize, disclose, and manage conflicts of interest.

"The public cedes the learned professions certain privileges. In turn, we are expected, as professionals, to be guided

by certain ethical principles," Dr. Foster said. "Privileges ceded to the medical profession require a perception by the public that physicians are truly dedicated to the welfare of their patients over their self-interests." This image cannot be sustained among surgeons who allow their judgment to be affected by conflicts of interest.

Recognition

Potential sources of conflicts of interest are numerous and include the various payment systems, personal ambitions, funding for research, and incentives from the pharmaceutical and equipment industry, Dr. Foster noted.

There is concern that the ways in which physicians are paid may provide perverse incentives to provide or inhibit treatments that are not in the patient's best interest, Dr. Foster said.

"The concern is not so much that the unscrupulous physician would deliberately place his or her financial gain over the interest of a patient, but rather that even the most highly principled physician could be subtly led to alter his judgment," he said.

For example, Dr. Foster noted that a

number of scientific studies have shown that fee-for-service payments are associated with increased services. Meanwhile, managed care plans rely on a variety of cost-containment mechanisms that serve as "direct financial incentives to physicians to reduce the extent and number of services provided to patients," he said.

Another potential source of conflict of interest is *funktionslust*, which "refers to the joy and pride from performing a skill well," Dr. Foster said. While the jubilation associated with surgery "is a blessing, . . . *funktionslust* can also be a curse. It can be a temptation to do a larger procedure where a smaller procedure would suffice." It also may prevent a surgeon from learning a new but less satisfying operative technique or from referring a case to another specialist.

Academic surgeons, meanwhile, are subject to multiple obligations that compete for their time and energy, both of which are finite, Dr. Foster said. For instance, academic surgeons often need to choose between working on a grant application, conducting research, writing a paper, teaching a session, or handling a case.

Given the fact that successful clinical research often leads to national recognition, "physician/scientists have long recognized that the subliminal influences of conflicts of interest can affect research," he said. "This recognition led to the research methodologies of randomization, double-blinding, and statistical analysis."

Finally, "it would be difficult to overstate the impact of the medical equipment and pharmaceutical industry on the practice of medicine and surgery," because they often are the providers of devices and financial support for research and professional journals, Dr. Foster said.

Disclosure

Once surgeons recognize the conflicts of interest that affect them, they are confronted with the issue of whether to disclose the conflicts to their patients. "The central moral issue in disclosure lands on the following question: What is the informational need of the particular patient?" Dr. Foster said.

When entering patients into clinical trials, "the investigator must disclose

(continued on page 2)

DR. SABO, from page 1

Foundation for Medical Care (1974-1980), and chair of the board (1986-1989) and board member (1983-1989) of the Bozeman Deaconess Foundation.

Over the course of his career, Dr. Sabo has demonstrated a strong commitment to disseminating surgical knowledge. In 2000, he served as Web Editor of the *Journal of the American College of Surgeons*, and he has also given many presentations at the College's annual Clinical Congress, at ACS chapter meetings, and at other gatherings of surgical organizations on a wide range of subjects, including AIDS, private practice management, and the practice of surgery in rural areas.

Dr. Sabo currently resides in Bozeman with his wife Melanie and has two daughters, Kim and Katie.

Also to be installed tonight is Amilu S. Rothhammer, MD, FACS, Colorado Springs, CO, as Second Vice-President. Dr. Rothhammer is a general surgeon in private practice. She is on staff at Penrose Hospital in Colorado Springs. She is a member of the College's



Dr. Rothhammer

Development Committee and served as Secretary (1996-1998) and Chair (1998-1999) of the Board of Governors.

ETHICS AND PHILOSOPHY, from page 1

any conflicts of interest," he said. "If the conflicts go beyond a loyalty to the scientific enterprise, then the investigator should not be involved in entering patients into a trial." Dr. Foster noted that these standards are supported in the College's "Statements on Principles."

Management

Surgeons also are responsible for managing conflicts of interest. Both individuals and the organizations that represent them must work to manage these issues, Dr. Foster said.

Individual responsibilities include rejecting inappropriate inducements from manufacturers and payment for referral of patients to research protocols. Surgeons also must balance their obligation to teach procedures with their obligation to instill ethical behavior. Further, clinical investigators must avoid any direct financial stake in the therapy they are studying, he said.

Dr. Foster added that "perhaps a sim-

ple checklist for judging our own behavior relative to conflicts of interest should consist of two questions: Would we accept this for ourselves? Would we be comfortable with public disclosure?"

Professional organizations, including the American College of Surgeons, the American Board of Surgery, and regional, state, and local societies are responsible for self-regulation of the profession, he said.

"National medical organizations can contribute by enunciating the core principles that underline managing conflicts of interest and by providing guidelines that address conflicts of interest issues," Dr. Foster noted. One example is the College's "Guidelines for collaboration of industry and surgical organizations in support of research and continuing education."

Since its inception, the College "has been an important force in enunciating core principles of professional conduct and should continue with additional efforts in this area," he said.

Gastric bypass surgery can increase life expectancy for morbidly obese patients

Gastric bypass is one of the most common and effective surgical treatments for morbid obesity. During Monday's Quality, Outcomes, and Cost I session of the Surgical Forum, researchers at Dartmouth-Hitchcock Medical Center, Lebanon, NH, reported on findings that the procedure not only can help patients take excess weight off and keep it off, it may also increase life expectancy by three years or more.

The researchers conducted a statistical analysis of a wide variety of epidemiological and surgical studies and found that on average, a 40-year-old woman with a body mass index (BMI) of 45 kilograms per meter squared or greater would gain three years of life expectancy after undergoing a gastric bypass procedure.

The researchers reported that obese individuals in other age or gender groups would have similar gains in life expectancy. Females at the age of 20 would gain 3.4 years of life after gastric bypass. Males at age 40 would gain 3.9 years of life, and at age 20 they would gain 3.5 additional years. (BMI is calculated by multiplying an individual's weight by the height squared.) According to many clinical investigations, individuals with a BMI between 18 and 22 live longer than those with a higher BMI. Individuals with a BMI greater than 25 are considered to be overweight. Morbidly obese individuals, who have BMIs of 40 or greater, are 100 or more pounds overweight.

To place the results of the study in perspective, G. Darby Pope, MD, a resident in general surgery at Dartmouth-Hitchcock Medical Center, suggested a comparison of the expected increases in life expectancy after gastric bypass with

gains in longevity after coronary artery bypass graft (CABG) surgery. The life expectancy gained is on the order of a few months to at most a couple of years after undergoing a CABG procedure. "If predictions from this study hold up in long-term trials, patients undergoing gastric bypass surgery gain quite a bit of life expectancy compared with other major surgical procedures, such as coronary artery bypass graft surgery. If the predictions from this study are close to what happens in real life, and patients gain even two years of life after gastric bypass, that is a major advantage," Dr. Pope said.

The Dartmouth-Hitchcock study is the first to use statistical analyses to predict life expectancy after gastric bypass. Other studies have compared mortality rates in morbidly obese patients who had gastric bypass with those who did not. "There has not been any long-term prospective weight-loss studies showing increased life expectancy," Dr. Pope said. The study evaluated life expectancy for individuals who had gastric bypass and those who had no treatment for morbid obesity.

The investigators did not include morbidly obese patients who had tried other forms of weight loss, such as dietary manipulation or medications, because most clinical trials show that patients who choose nonsurgical weight loss options lose only five to 10 pounds in the first year and gain all the weight back in the next two to three years. Patients who undergo gastric bypass, on the other hand, lose around 70 percent of their excess body weight in the first year after surgery. They maintain 60 percent excess weight loss for up to five years and 50 percent excess weight loss at 10 years, Dr. Pope said.

The researchers compiled and evaluated accumulated statistics from a large number of sources. Life-table data from the most recent U.S. census were used to compute baseline mortality risks by age and weight. A large-scale, prospective epidemiological study of more than 84,000 men and 97,000 women by the American Cancer Society Cancer Prevention Study II Nutrition Cohort provided information on mortality and survival related to obesity and physical activity at various points in life. More than 20 clinical studies of gastric bypass patients provided long-term outcome data three or more years after surgery.

It is important to remember that because the study is not a formal, randomized clinical trial assessing longevity in groups of obese patients who are treated with gastric bypass or who serve as controls, its findings are not entirely predictive, Dr. Pope cautioned. "The data from the study may be something obese patients can look at and realize that their life could be extended by this operation, but I don't think they can

definitely bank on the data. This study needs to be confirmed by long-term prospective studies that follow patients for years and prove the benefit in life expectancy in real patients, not just in our statistical simulation," he explained.

In gastric bypass surgery, staples are used across the stomach to reduce its capacity by approximately 90 percent. A portion of the small intestine is attached to the stomach above the staple line so food passes directly from the surgically created gastric pouch and into the intestine. Because the stomach is reduced in size and the connection between the gastric pouch and intestine is small (only about 1 centimeter), patients cannot consume large meals.

According to Dr. Pope, the number of gastric bypass procedures in the U.S. more than doubled between 1990 and 1997 and then doubled again between 1997 and 1999. Samuel R. G. Finlayson, MD, MPH, and John D. Birkmeyer, MD, FACS, participated in the analysis of data on gastric bypass surgery.

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Items of interest or information must be reported to the office of the *Clinical Congress News* by 1:00 pm on the day preceding the desired day of publication.

College names four Honorary Fellows

Honorary Fellowship in the American College of Surgeons will be awarded to four prominent surgeons from England, Scotland, and Argentina tonight during Convocation ceremonies, which will take place beginning at 6:00 pm in Moscone Center, Esplanade Ballroom, Rooms 305-310. The awards presentation is one of the highlights of the Clinical Congress. The recipients are as follows:

- **Alan C. Bird, MD, BS (Lond), MRCS, LRCP, DO (Lond), FRCS (Eng), MD (Lond).** Professor Bird is a professor of clinical ophthalmology at

the Institute of Ophthalmology of the Moorsfield Eye Hospital, London, England.

- **Sir Magdi H. Yacoub, FRS, FRCS (Eng, Ed, Glas), FRCP (Hon), DSc (Hon), Mch (Hon), FACC.** Sir Magdi is currently founder and director of research of the Harefield Research Foundation and is British Heart Foundation Professor of Cardiothoracic Surgery, Imperial College Faculty of Medicine, Heart Science Center, Harefield, London, England.
- **Graham M. Teasdale, FRCS (Edin, Glas), FRCP (Lon), FmedSci, FRSE.** Professor Teasdale is professor and

head of the department of neurosurgery and associate dean for medical research at the University of Glasgow, Glasgow, Scotland.

- **Juan Carlos Parodi, MD.** Professor Parodi is director and chief of the department of cardiovascular surgery, the Instituto Cardiovascular de Buenos Aires, in Buenos Aires, Argentina.

Presenting the Honorary Fellowships on behalf of the College will be: Lee R. Duffner, MD, FACS, Golden Beach, FL; William S. Pierce, MD, FACS, Hershey, PA; Edward R. Laws, MD, FACS, Charlottesville, VA; and Paul E. Collicott, MD, FACS, Chicago, IL.

During the College's Convocation ceremonies tonight, 1,512 surgeons from around the world will be admitted into Fellowship. With a membership of more than 64,000, the College is the largest organization of surgeons in the world.

Sir Rickman Godlee, President of the Royal College of Surgeons (England), was awarded the first Honorary Fellowship in the College during the College's first Convocation in 1913. Since then, 378 internationally prominent surgeons, including the four chosen this year, have been named Honorary Fellows of the American College of Surgeons.



Dr. Bird



Dr. Yacoub



Dr. Teasdale



Dr. Parodi



Recipients of the College's Distinguished Service Award gathered Tuesday for their annual luncheon. Pictured with their luncheon hosts, front row, left to right: Murray F. Brennan, New York, NY; LaMar S. McGinnis, Jr., Atlanta, GA; Seymour I. Schwartz, Rochester, NY; James C. Thompson, Galveston, TX; Vallee L. Willman, St. Louis, MO; Josef E. Fischer, Boston, MA; and host Richard R. Sabo, Bozeman, MT, First Vice-President-Elect.

Second row: Luncheon host J. Patrick O'Leary, New Orleans, LA, Chair of the Board of Governors, (B/G) Executive Committee; host Sylvia D. Campbell, Tampa, FL, Vice-Chair of the B/G Executive Committee; Frank Padberg, Chicago, IL; C. Thomas Thompson, Tulsa, OK; John O. Gage, Pensacola, FL; and host Timothy C. Fabian, Memphis, TN, Secretary of the B/G Executive Committee.

Back row: David L. Nahrwold, Chicago, IL; C. Barber Mueller, Hamilton, ON; and Claude H. Organ, Jr., Oakland, CA.

Allied Meetings

Thursday

Society of Surgical Chairs Annual Meeting

7:30 am - 5:00 pm, Meeting
San Francisco Hilton, Imperial A,
Ballroom Level, Bldgs 1,2,3

International Federation of Surgical Colleges Executive Council

9:00 am - 2:00 pm, Meeting
San Francisco Hilton, Union Square 1,
Floor Four, Bldg. 3

Society of Surgical Chairs

12:00 pm - 1:30 pm, Luncheon
San Francisco Hilton, Imperial B,
Ballroom Level, Bldgs 1,2,3

University of Maryland Alumni Reception

6:00 pm - 8:00 pm, Reception
Westin St. Francis, Yorkshire, Floor Two

Program Changes

Scientific Exhibits

SE 123 - The Use of Laparoscopy in Liver Transplant Recipients

Authors:

Jorge Ortiz, MD; Debbie Berlin, MD;
David Reich, MD; Cosme Manzarbeitia, MD

SE 204 - The Use of Marginal Donors in Liver Transplantation

Authors:

Jorge Ortiz, MD; Debbie Berlin, MD;
David Reich, MD; Cosme Manzarbeitia, MD

Video Session

Lee L. Swanstrom, MD, FACS, Portland, OR,
was a panelist on the General Surgery I
Video Session.

Exhibitors

Several exhibitors were inadvertently omitted from the listing in the "Official Guide to the Exhibits and Meeting Facilities" insert in the Clinical Congress News.

Rubicor, Booth #305

Breast Biopsy Devices
Biopsy Systems

SuturTek, Inc., Booth #309

Devices, Suturing Safety
Suturing Device

American Society for Bariatric Surgery, Booth #2447

Located in Publishers Row of the technical
exhibit area.

Congress Chronicle

First San Francisco Congress dedicated to Franklin H. Martin

Sixty-seven years ago, Robert B. Greenough, MD, FACS, of Boston, MA, officially opened the first meeting of the 25th Clinical Congress of the American College of Surgeons with a tribute of respect for the memory of Franklin H. Martin, MD, FACS, Director General of the College, who had died on March 7, 1935.

"Doctor Martin was indeed the founder of the American College of Surgeons," Dr. Greenough said. "It was he who first saw the need and purpose of such an organization. It was to him that was vouchsafed the inspiration for the details of its organization, and it was his own devotion to its ideals, and the extraordinary ability which he possessed to kindle such devotion in others which brought the College safely through its developmental period, and

gave it to us as a great and powerful instrument for the advancement of surgery and for the protection of the community as it exists today.

"We can honor the memory of Franklin Martin in no more practical way than by striving to carry on the work of the College which he loved to higher ideals and greater usefulness, and to this purpose may we well dedicate ourselves tonight."

The Martin Memorial Lecture was established by the Board of Regents in 1946 to honor the memory of Franklin H. Martin, MD, FACS, and of his wife, Isabelle Hollister Martin.

Seymour I. Schwartz, MD, FACS, will present the 2002 Martin Memorial Lecture today from 1:00 to 1:45 pm in Moscone Center, Esplanade Ballroom, Rooms 305-310.

Correction

Yesterday's article entitled "Surgeons talk about the influence of the their personal and professional heroes" incorrectly referred to Charles E. Lucas, MD, FACS, as the husband of Anna M. Ledgerwood, MD, FACS. Dr. Lucas is Dr. Ledgerwood's surgical partner, and they are not married to each other. The staff of the *Clinical Congress News* regrets the error.



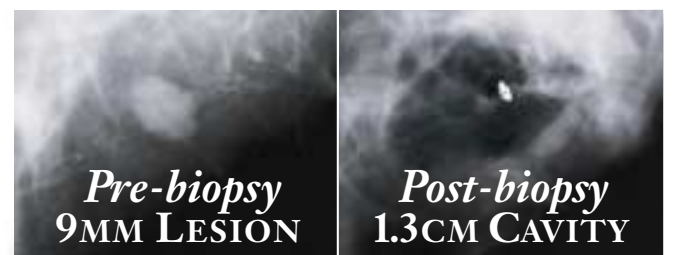
The International Guest Scholars for 2002 and International Relations Committee members gathered on Tuesday. Pictured front row, left to right: Gonzalo Alberto Fernandez Naone, MD, Uruguay; Manuel Francisco Tanada Roxas, MD, FPCS, Philippines; William N. Sanchez Maldonado, MD, Colombia; Farhat Abbas, MD, Pakistan; and Keith A. Kelly, MD, FACS, International Relations Committee Chair.

Back row: Luis Gramatica, Jr., MD, Argentina; Gareth John Morris-Stiff, MB, BCh, FRCS(Eng), Wales; Vladislav V. Semiglazov, MD, Russia; Christian Werner Schinkel, MD, Germany, and Isidoro DiCarlo, MD, Italy.

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The Past-Presidents of the College met Tuesday for their annual luncheon. Pictured in the front row, left to right: Henry T. Bahnson, Pittsburgh, PA; G. Tom Shires, Las Vegas, NV; C. Rollins Hanlon, Chicago, IL; W. Gerald Austen, Boston, MA; George F. Sheldon, Chapel Hill, NC; James C. Thompson, Galveston, TX; and Oliver H. Beahrs, Rochester, MN. Back row: M. J. Jurkiewicz, Atlanta, GA; Seymour I. Schwartz, Rochester, NY; LaSalle D. Leffall, Jr., Washington, DC; Harvey W. Bender, Jr., Nashville, TN; Lloyd D. MacLean, Montreal, PQ; Frank C. Spencer, New York, NY; and Thomas R. Russell, Chicago, IL, ACS Executive Director.



Henry Buchwald, MD, FACS (left), accepted a crystal bowl Tuesday from Robert M. Mentzer, Jr., MD, FACS, Chair of the Committee for the Forum on Fundamental Surgical Problems. Dr. Buchwald is the 2002 Owen H. Wangensteen Surgical Forum dedicatee. This year the abstracts from the Forum will be published in a special supplement to the *Journal of the American College of Surgeons*.

Don't miss your Friday CCNews

Fellows who will not be in San Francisco this Friday to pick up their copy of the Clinical Congress News may obtain one by notifying the CCNews office in Moscone Center (tel. 978-3514). We will be happy to mail the issue to you.

- The Friday edition contains information on:
- Coverage of the Presidential Address of Richard R. Sabo, MD, FACS
 - Convocation activities
 - The recipient of the ACS Distinguished Service Award
 - The College's President-Elect and other Officers-Elect
 - New and re-elected Regents and Governors

Also, any back issues of this week's CCNews may be obtained after the Congress by contacting Stephen Regnier, Communications, 633 N. Saint Clair St., Chicago, IL 60611-3211; tel. 312/202-5331, e-mail sregnier@facs.org.



Registration totals

As of Wednesday afternoon, total registration for the Clinical Congress was 17,116; 10,402 were physicians and the rest were exhibitors, guests, spouses, or convention personnel.